

FOR DEPARTMENT USE ONLY

APPLICATION FOR BAIL LICENSE

READ THE INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING THIS APPLICATION

1	LICENSE TYPE: (Check the type(s) for which you are applying.): <input type="checkbox"/> BAIL PERMITTEE <input type="checkbox"/> BAIL AGENT <input type="checkbox"/> BAIL SOLICITOR																											
2	APPLICANT NAME: Last _____ First _____ Middle _____	FILE NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> ALPHA <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>																										
3	IDENTIFICATION INFORMATION: Social Security Number _____ Sex: ____ Male ____ Female Birth Date ____ - ____ - ____ Birthplace _____ Height ____ Weight ____ Hair Color ____ Eye Color ____ <div style="border: 1px solid black; width: 150px; height: 100px; margin-top: 10px; float: right;"></div> <div style="clear: both;"></div>	1 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> 2 WK STA <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> ENTITY <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> PERM ISSUED _____ PRINT _____ 3 _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> PERM MAILED _____																										
4	BUSINESS ADDRESS: (P.O. Box not acceptable) Street _____ Apt/Suite # _____ City _____ State _____ ZIP _____	4 DBA <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> AKA <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>																										
5	MAILING ADDRESS: PO Box/Street _____ Apt/Suite # _____ City _____ State _____ ZIP _____	5 THRU DATE <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>																										
6	RESIDENCE ADDRESS FOR LAST TWO YEARS: (P.O. Box not acceptable) A CURRENT RESIDENCE: Street _____ Apt/Suite # _____ City _____ State _____ ZIP _____ B PRIOR RESIDENCE: <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="2">Date Resided</th><th rowspan="2">Street</th><th rowspan="2">Apt/Suite #</th><th rowspan="2">City</th><th rowspan="2">State</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>	Date Resided		Street	Apt/Suite #	City	State	From	To																			6 RESTR <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
Date Resided		Street	Apt/Suite #					City	State																			
From	To																											
7	EXAMINATION INFORMATION: Desired Location _____ (LA) Los Angeles, (SD) San Diego, (SF) San Francisco, (SA) Sacramento, (FR) Fresno. Desired Date _____ a.m. _____ p.m. If we are unable to honor this date, the next available date will be scheduled.																											
8	DO YOU INTEND TO USE A FICTITIOUS (DBA) NAME TO CONDUCT YOUR BAIL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list such name: (This name must be approved by the Department prior to use).																											
9	ARE YOU NOW USING OR HAVE YOU EVER USED ANY NAME OTHER THAN LISTED IN (2), or (8)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list names, dates and reason used.																											

10	DO YOU NOW HOLD, OR HAVE YOU EVER HELD, ANY LICENSE/PERMIT UNDER WHICH YOU ENGAGED IN ANY OCCUPATION? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	If YES, list such license/permit:					
	Type of License and License Number	State or Province	Resident or Nonresident	Date License held From To		Is License In Force?
11	A. LIST YOUR OCCUPATION/EMPLOYMENT FOR THE PAST FIVE YEARS TO CURRENT DATE — Include unemployment and school.					
	From (Mo. & Yr.)	To (Mo. & Yr.)	Name	Employer Address	Duties Performed	Reason For Leaving
12	B. IF CURRENTLY EMPLOYED, WILL YOU CONTINUE THIS OCCUPATION AFTER RECEIVING THE LICENSE FOR WHICH THIS APPLICATION IS BEING MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	BAIL AGENT APPLICANTS ONLY:					
	A. WILL UNDERTAKING OF BAIL BE SUPPLIED TO YOU THROUGH A GENERAL AGENT OR OTHER INTERMEDIARY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	If you answer YES, give the name of such person					
	B. WILL YOU OR ANYONE ELSE MAKE A DEPOSIT OF MONEY OR THING OF VALUE TO ESTABLISH AN INITIAL RESERVE ACCOUNT FOR YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	If you answer YES, complete the following:					
	Describe the type of deposit (i.e., cash, securities, real property, etc.)					
	What is the value thereof?					
13	BAIL AGENT AND/OR PERMITTEE APPLICANTS ONLY:					
	WILL ANY PERSON, OTHER THAN YOURSELF, RECEIVE ANY INCOME OR REMUNERATION FROM YOUR BAIL BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	(Exclude your employees, your employing bail agent/permittee, your general agent and the appointing surety.)					
	If you answer YES, give the following information for each person who will receive such income or remuneration:					
	LAST	NAME FIRST	MIDDLE	RESIDENCE ADDRESS		INTEREST OR AFFILIATION
14	BAIL PERMITTEE APPLICANTS ONLY:					
	Attach a detailed current financial statement listing the dollar amount of each of your assets, liabilities, and net worth , (i.e., personal property, real estate, savings, household furnishings, etc.)					

IF APPLICANT OR APPLICANT'S EMPLOYER IS A PARTNERSHIP, COMPLETE THE FOLLOWING: (Attach a separate sheet if more space is needed.)

A. PARTNERSHIP NAME: _____

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B.	PARTNERS NAMES			BAIL LICENSE NUMBER	If not licensed, list their functions/ responsibility within the partnership
	Last	First	Middle		

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS A, B, OR C, ATTACH A SUPPLEMENTARY STATEMENT GIVING COMPLETE DETAILS:

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A. Are you now or have you ever been connected with a law enforcement agency? ☐ YES ☐ NO

B. Have you ever been named as a defendant in a civil suit? ☐ YES ☐ NO

C. Have you ever filed bankruptcy? ☐ YES ☐ NO

► **IMPORTANT NOTICE:** If you answer yes to (17), or (18), attach a detailed statement of the events which led to the charges (dates and places). If the matter was heard in court, attach copies, certified by the court, of the **Criminal Complaint** and the **Sentencing Minute Order** showing the final plea judgement and sentence. If any disciplinary action was taken by an administrative agency, attach certified copy of the action.

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HAVE YOU EVER BEEN THE SUBJECT TO ANY ADMINISTRATIVE AGENCY DISCIPLINARY ACTION? FOR THE PURPOSE OF THIS QUESTION, ADMINISTRATIVE AGENCY DISCIPLINARY ACTION INCLUDES BUT IS NOT LIMITED TO: HAVING ANY PROFESSIONAL, VOCATIONAL OR BUSINESS LICENSE DENIED, SUSPENDED, PLACED ON PROBATION, RESTRICTED OR REVOKED, OR ANY FINE IMPOSED; WITHDRAWING ANY APPLICATION OR SURRENDERING ANY LICENSE TO AVOID DISCIPLINARY ACTION; BEING ISSUED A CEASE AND DESIST ORDER OR ITS EQUIVALENT; BEING THE SUBJECT OF A CONSERVATION, LIQUIDATION, REHABILITATION OR RECEIVERSHIP ORDER ☐ YES ☐ NO

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HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ YES ☐ NO

"Crime" includes a felony or misdemeanor and military offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having had any charge expunged, dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses.

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APPLICANT'S STATEMENT AND CERTIFICATION:

I DECLARE THAT I HAVE READ SECTIONS 2053 THROUGH 2104 OF TITLE 10 OF THE CALIFORNIA CODE OF REGULATIONS. I REPRESENT THAT THE HOLDING OF THE LICENSE HEREBY APPLIED FOR IS NOT INCOMPATIBLE WITH THE LAW, RULES OR REGULATIONS OF ANY FEDERAL, STATE, COUNTY, OR MUNICIPAL GOVERNMENT BY WHICH I AM CURRENTLY EMPLOYED (IF ANY) OR BY WHICH MY EMPLOYER OR I AM LICENSED (IF ANY).

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING APPLICATION AND KNOW THE CONTENTS THEREOF AND THAT EACH STATEMENT THEREIN MADE IS FULL, TRUE AND CORRECT, AND I AGREE TO NOTIFY THE INSURANCE COMMISSIONER OF ANY CHANGE IN THE MATTERS SET FORTH IN THIS APPLICATION. I UNDERSTAND THAT PURSUANT TO SECTIONS 1668 (h) AND 1738 OF THE INSURANCE CODE ANY FALSE STATEMENT MAY SUBJECT MY APPLICATION TO DENIAL AND MAY SUBJECT MY LICENSE(S) TO SUSPENSION OR REVOCATION. FURTHER, PURSUANT TO INSURANCE CODE SECTIONS 1703 AND 1733, I AUTHORIZE DISCLOSURE TO THE INSURANCE COMMISSIONER OF ALL FINANCIAL INSTITUTION RECORDS OF ANY FIDUCIARY ACCOUNTS FOR THE DURATION OF THIS LICENSE.

► APPLICANT'S SIGNATURE _____ ► CITY _____ ► DATE _____

► BUSINESS PHONE # () _____ ► RESIDENCE PHONE # () _____

NOTICE: INFORMATION COLLECTION AND ACCESS

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals.

AGENCY: Department of Insurance

**TITLE OF OFFICIAL RESPONSIBLE FOR
INFORMATION MAINTENANCE:** Chief, License Bureau

ADDRESS: 320 CAPITOL MALL, Sacramento, CA 95814

TELEPHONE NUMBER: (916) 322-3555

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION: California Insurance Code, Chapter 5, 6, 7, 8-Part 2, Division 1.

THE PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED: Evaluation of license application.

EACH INDIVIDUAL HAS THE RIGHT TO REVIEW FILES MAINTAINED ON THEM BY THE AGENCY, UNLESS THE INFORMATION IS CLASSIFIED AS CONFIDENTIAL UNDER SECTION 1798.3(a) OF THE CIVIL CODE.

FILING INSTRUCTIONS

1. All entries, except signatures, must be typed.
2. Application for license must be filed with the Department promptly after being executed, and be completed in full, signed, dated and accompanied by all required fees and supplementary documents. Deficient filings will require an amendment and will result in processing delays.
3. All applicants are required to be fully knowledgeable in the rules and regulations governing bail bond transactions covered in Sections 2053 through 2104 of the extracts of the California Code of Regulations.
4. Bond coverage is required for all bail licenses.
5. **Forms Filing List:** Each bail agent or permittee applying for a license must provide a copy of the forms or documents which the licensee intends to use regularly or frequently in connection with his/her bail transactions [California Administrative Code, Section 2095(k)]. As each surety has previously filed such forms, the bail agent applicant's compliance with Section 2095(k) can be accomplished by filing a forms list as provided by the surety. This signed list should accompany the application when it is filed with the Department.

Note: Bail solicitors are exempt from this requirement as they will be utilizing their employer's forms in their transactions of bail.

6. A bail agent's and a permittee's license may be applied for at the same time by checking both appropriate boxes of section '1' of the application, in which case, only a permittee's bond is required. Also, if a currently licensed bail permittee is now applying for an agent's license, the permittee's bond on file will cover both licenses.
7. A bail Action Notice of Appointment (Form 437-23) from a surety company is required for a bail agent applicant. A separate filing fee is required for each subsequent appointment submitted with the application.
8. An Action Notice Statement (Form 438) from a bail agent or permittee is required for a bail solicitor applicant. If a bail solicitor applicant is to work for two or more bail licensees who are members of a partnership, a separate Action Notice Statement from each employer and an additional filing fee for each is required.
9. An Action Notice Statement (Form 438) from a bail agent or bail permittee is required when employing or terminating the employment of another licensed Bail Agent or Permittee.
10. All fictitious names must be approved by this department prior to use. Refer to California Code of Regulations 2066.4 for fictitious name filing requirements. If applying for a bail permittee's license, also refer to Sections 2094 and 2094.5.
11. **PRELICENSING EDUCATION REQUIREMENT:** Effective 1/1/94 all new applicants must complete a minimum of 12 hours of approved classroom study.
12. A written examination administered by the department is required if examination qualifications have not already been met. Examinations are administered daily Monday through Friday at 8:30 a.m. and 1:00 p.m. in Los Angeles, San Francisco, San Diego and Sacramento, and once monthly in Fresno, usually the third Saturday of the month.

EXAMINATION INFORMATION: The qualifying examination consists of 50 questions based on:

- A) California Insurance Code Sections 35, 1733 and 1800 to 1822. (Local Library)
- B) California Code of Regulations, Title 10, Sections 2053 through 2103.
- C) California Penal Code, Sections 1268 through 1319.6. (Local Library)

The Department of Insurance does not recommend any specific school, course or method of training to prepare for the bail examination.

13. Fingerprint impressions are required for all unlicensed applicants.
14. An applicant for license may not solicit, negotiate or transact bail until authorized to do so under an appropriate license issued by the Department. After all filing requirements are submitted, the applicant will be notified if a personal interview by the department is required.
15. Mail application filings with fees to:
DEPARTMENT OF INSURANCE
P.O. BOX 1139
SACRAMENTO, CA 95812-1139

ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.